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BURGH OF AIRDRIE

Report by Medical Officer of Health for Year 1967



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REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1967.



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TO THE SCOTTISH HOME AND HEALTH DEPARTMENT

AND

TO THE PROVOST, MAGISTRATES AND TOWN COUNCILLORS

OF THE BURGH OF AIRDRIE

Ladies and Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1967.

This report is furnished in accordance with the request of the Secretary of State as authorised by Section 79 and 87 of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Scottish Home and Health Department in Circular No. 70/1956 and Health and Welfare Services Circular No. 39/1967.

In the latter circular, information and observations were specifically requested on MATERNITY SERVICE STATISTICS, LINKAGE WITH GENERAL MEDICAL SERVICES, CERVICAL CYTOLOGY, HEALTH EDUCATION, TETANUS IMMUNISATION, RESEARCH, DISABLED PERSONS, CLEAN AIR ACT 1956, NOISE ABATEMENT ACT 1960 and REFUSE COLLECTION and DISPOSAL.

Reference to some of these topics will be found under appropriate sections in the body of the Report.

It is satisfactory to be able to record that through-out the year the health of the Burgh has been well maintained and that there was no major outbreak of any infectious disease.

The arrangements for Poliomyelitis Vaccination which were inaugurated in 1956 were continued using oral vaccine exclusively.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times and the staffs of the Health Department and Nursing Services for their loyal and conscientious work throughout the year.

I am,

Your obedient servant,

ROBERT J. LUMSDEN,
M.B.,Ch.B.,D.P.H.

Medical Officer of Health.



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HEALTH DEPARTMENT

LIST OF STAFF

Medical Officer of Health

Robert J. Lumsden, M.B., Ch.B., D.P.H.

Superintending Nursing Officer

Miss M. McCallum, R.G.N., R.F.N., S.C.M., H.V.

Health Visitors

Miss K. McCann, R.G.N., R.F.N., S.C.M., H.V.

Miss I. Black, R.G.N., S.C.M., H.V.

Miss M. Harvey, R.G.N., R.F.N., S.C.M., H.V.

Miss M. Gilmour, R.F.N., S.R.N., S.C.M., H.V.

Miss C. Paterson, S.R.N., S.C.M., H.V.

Mrs A. Kirk, S.R.N., S.C.M., H.V.

Miss H. Brown, R.G.N., S.C.M., Q.N., H.V. (Appointed 25.9.67).

Tuberculosis & Infectious Diseases Nurses

Miss I. Bannerman, R.G.N., R.F.N., S.C.M., H.V.

Mrs A. Black, R.G.N., R.F.N., S.C.M., Q.N., H.V. (Half Maternity and Child Welfare).

Clinic Nurse

Mrs E. Ross, R.F.N., S.C.M. (Resigned 30/12/66).

Mrs P. Andrew, R.G.N. (Appointed 4.1.67).

Home Nurses

Miss M. Mair, R.G.N., Q.N.

Mrs E. Holloway, R.G.N., S.C.M.

Miss M. Ferguson, R.G.N., S.C.M.

Miss E. McKeown, R.G.N., S.C.M.

Miss C. McDonald, S.R.N., Q.N. (Resigned 31.5.67).

Miss J. Black, S.R.N., S.C.M., Q.N.

Mrs A.M. Martin, R.G.N., Q.N. (Appointed 13.3.67).

Welfare Officer (Home Help Service)

Adam Smith.

Mental Health Officer

Miss J.L. Wilson.

Dental Officer

Miss M. Hinshelwood, L.D.S.

Dental Attendant

Miss M. Gardner.

Chiropodist

William P. Beattie.

Clerical/

Clerical Staff

Miss A. Duncan. - Secretary.
Miss M. McPherson.
Miss D. Baird. (Resigned 31.12.66).
Miss K. Hollywood. (Resigned 24.3.67).
Miss L. Cowie.
Miss E. Campbell. (Appointed 3.4.67).
Miss M. Wright. (Appointed 23.1.67).

Midwifery Staff

See page 30

GENERAL

The Burgh of Airdrie was established by Act of Parliament in the year 1821 and its original boundaries have since then been further extended by additional legislation.

Its area at the end of 1950 was 2,068 acres. On May, 10th 1951, the Airdrie Provisional Order Confirmation Act, 1951, received the Royal Assent and the effect of this was to add a further 841 acres to the Burgh making the total area now 2,909 acres. The new area extends to the North, East and South of the previous boundaries and provides good additional sites for future development. The village of Moffat Mills is now included within the Burgh. Extensive industrial development by a distillery firm is in progress there.

No. of inhabited houses (August 1967)	-	10,394
Total rateable valuation (1967-68)	-	£869, 900: 0: 0d.

(The figures for 1966-67 was £872, 466, and in 1965-66 before the revision of the valuation it was £632, 880.

Water Supply

The water supply of the Burgh is furnished by the Airdrie, Coatbridge and District Water Board. The undertaking draws its supplies from upland sources, the catchment area extending to 3,550 acres. There are impounding reservoirs in the Parish of Shotts and on Eastside and Cowgill burns in the Parish of Lamington and Wandell.

There are also service reservoirs at Roughrigg, Moffat Mills and Cowgill Biggar.

There are slow sand filters at Roughrigg. During the war a chlorination plant was installed at Roughrigg and Cowgill and the supply has been treated since.

During 1952 a new microstraining plant was inaugurated at Roughrigg and the operation of this has been of satisfactory assistance in relieving the work of the slow sand filters. These have recently been renovated and extended.

A modern chlorination plant with continuous recording facilities is now in operation.

The Daer Valley Water Scheme was officially opened by Her Majesty the Queen on October, 16th 1956, and since then the Water Board has received a supply of water from this source. The recurrent risk of shortage of water which had been a feature of dry seasons in earlier years can now be regarded as having been successfully obviated at least for the foreseeable future. As part of the undertaking a covered service reservoir was constructed at Dalnacoulter on the Northern boundary of the Burgh and distribution takes place from there.

Details of the Daer Water Scheme were given in the Report for 1956.

The analyses given below are an indication of the physical characteristics of the various water sources comprising Roughrigg, Cowgill and Daer.

Representative Chemical Analyses

	<u>Daer</u>	<u>Roughrigg</u>	<u>Cowgill</u>
Mineral Matter (Pts/Million)	45.0	140.0	65.0
Organic/			

	<u>Daer</u>	<u>Roughrigg</u>	<u>Cowgill</u>
Organic Matter (Pts/Million)	Trace	10.0	85.0
Total Solid Matter "	<u>45.0</u>	<u>150.0</u>	<u>70.0</u>
Nitrates as Na NO ₃	<u>Trace</u>	<u>Trace</u>	<u>Trace</u>
Free Ammonia "	.006	.012	.010
Albuminoid Ammonia "	.018	.080	.034
Total Ammonia "	<u>.024</u>	<u>.092</u>	<u>.044</u>
Temporary Hardness "	11.0	28.0	17.5
Permanent Hardness "	14.0	43.0	16.5
Total Hardness "	<u>25.0</u>	<u>71.0</u>	<u>34.0</u>
Colour	5	30	5
pH value	7.5	7.3	6.9

Analyst's comments

Daer The sample as received was free from suspended matter and was bright clear and colourless. The analysis shows it to be a soft water with no detectable trace of animal matter or sewage, and accordingly it is suitable for drinking and other dietetic purposes.

Roughrigg The sample as received contained traces of suspended matter being clear and bright with slight brown colour due to peaty matter. The analysis shows it to be a moderately soft water with no detectable trace of animal matter or sewage and as a result it is suitable for drinking purposes.

Cowgill The sample as received contained traces of suspended matter and was almost colourless. The analysis shows it to be a soft water with no detectable trace of animal matter or sewage.

Details of Water Undertaking

Roughrigg

Extent of catchment area	2,100 acres
Land owned by Water Board for prevention of pollution	607 acres
Available rainfall (after deductions)	18 inches p.a.
Area of Reservoir	143 acres
Storage capacity	568,000,000 gallons
Height of top water level main reservoir	687 feet O.D.
Height of top water level service reservoir	675 feet O.D.

Cowgill

Extent of catchment area	1,450 acres
Available rainfall (after deductions)	28 inches p.a.
Water available per day	2,000,000 gallons
(after allowing for compensation water of 840,000 gallons).	

Upper Reservoir

Storage/

Storage capacity	221,600,000 gallons
Top water Level	1,143 feet O.D.

Lower Reservoir

Storage capacity	42,200,000 gallons
Top water level	1,018 feet O.D.

Daer

Extent of catchment area	11,700 acres
Available rainfall	64 inches p.a.
Water available per day	27,000,000 gallons
(after allowing for compensation water 5-7 millions gallons).	
Storage capacity	4,400 million gallons
Length of earth embankment	2,000 feet
Height above stream bed	130 feet
Top water level	1,118 feet O.D.

Sewage Disposal

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects sewage to a bio-aeration process with subsequent sludge digestion. The final product is dried in shallow lagoons and is available as manure.

A large extension to the Sewage Works was completed in April, 1955. This was necessitated by the general growth and development of the Burgh, but the Works are again working at the limit of their capacity and additional measures are at the stage of preparatory works.

The following details supplied by the Sewage Works Manager refer to the year 16/5/67 - 15/5/68.

Total flow	1,337 million gallons
Full treatment	1,128 million gallons
Preliminary treatment only	209 million gallons
Sludge for Digestion	3.40 million gallons
Dried sludge sold	85 tons
Income therefrom	£25. 0: 0d.
Designed dry weather flow	2.38 million gallons/day
Average flow	3.65 " " "
Nett Expenditure	£29,527.
Cost per million gallons treated	£22: 1: 8d.
Cost per head of population	£0: 16: 5d.
Storm water overflow in operation	65 times
Rainfall	41.67 inches.

Analysis of the sewage and effluent and also the raw and digested sludges were carried out. The effluent was of reasonable quality with one or two exceptions when a discharge of Trade Waste caused a fall below the required standard. The firm concerned has taken steps to ensure that this will not occur again.

However, of two samples taken for analysis by the Clyde River Purification Board, one was classed as "unsatisfactory".

VITAL STATISTICS - 1967

Population

The 1961 Census figure (23rd April) gave the population as 33,620 and the mid year estimate for that year was 33,758.

The vital statistics supplied for this year are calculated on the Registrar General's mid year estimate of 35,910 an increase of 349 over 1966.

Density of Population

In 1966 the density of population was 12.22 persons per acre.

The figure for 1967 is 12.34.

Natural Increase of Population

This is the excess of births over deaths. For the year it amounts to 516. Last year the figure was 484.

Births

The figures given are corrected for transfers.

	<u>Numbers</u>	<u>Rate</u>
All live births	868	24.2 (per 1,000 of estimated pop.)
Illegitimate births	40	4.6 (per 100 live births)

Since the beginning of 1939 it has also been compulsory to register still-births. Of these 18 were so registered, equivalent to a still-birth rate of 20.0 per 1,000 total births.

For 1966 the birth rate was 23.4 and the still-birth rate was 19.0.

The Scottish birth rate for the year was 18.6 and the still-birth rate was 16.0. Our own birth rate standardised on the basis of the Scottish age and sex distribution was 22.9.

Marriages

The number of marriages registered was 317 equivalent to a marriage rate of 8.8 marriages per 1,000 of the total population, the figure for last year being 9.0.

Deaths

After allowing for transfers, the number of deaths registered during the year was 352 giving a corrected death rate of 9.8 per 1,000 of the estimated population the same as in 1966.

The death rate after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland, was 11.7 the same as in 1966.

The Scottish death rate for the year was 11.5 compared with 12.3 in 1966.

Epidemic Death Rate

This/

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1,000 of the estimated population.

For the year it was 0.03; the same as in 1966.

Infantile Mortality

This is the number of deaths of infants under 1 year of age expressed per 1,000 of all live births.

During the year the figure was 26, a decrease from last year's figure of 31.

The rate for infant deaths occurring under the age of 4 weeks was 15 compared with 23 in the previous year.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death

The chief certified causes of death as given by the Registrar General are as follows:-

Heart Disease and circulatory disease (other than cerebral)	150
Cancer and other malignant diseases	58*
Cerebral Haemorrhage	49
Respiratory Tuberculosis	1
Congenital debility, Prematurity, Birth Injury, Malformation etc.	12
Pneumonia (except of new born)	10
Bronchitis	18
Other Respiratory Disease	3
Diseases of Nervous System	4

There were 12 deaths from violence, including 3 road accidents and 6 home accidents. There were 3 suicides.

* Including 13 deaths from malignant neoplasms of the respiratory tract. Nine of these were in males aged 55-75 and 4 were females aged 45-75. In 1966 there were 23 deaths - 22 males and 1 female.

PRINCIPAL CAUSES OF DEATH FOR 1961 - 1966 FOR COMPARISON

	Number of deaths					
	1961	1962	1963	1964	1965	1966
Heart Diseases etc.	141	150	153	117	148	130
Cancer and other maligant diseases - Total.	56	60	71	76	62	62
Respiratory System	15	17	14	24	15	23
Cerebral Haemorrhage	46	68	54	60	40	51
Congenital debility, Prematurity, Mal- formation etc.	18	19	20	17	19	19
Bronchitis	12	17	25	17	18	16
Pneumonia	13	28	36	3	13	13
Respiratory Tuberculosis	6	1	2	1	4	1

SYNOPSIS OF VITAL STATISTICS

1967 COMPARED WITH FIVE PREVIOUS YEARS

	1962	1963	1964	1965	1966	1967
Estimated Population	33,950	34,197	34,911	35,400	35,561	35,910
Natural Increase	498	401	524	495	484	516
Births (All live)	874	828	861	845	833	868
Illegitimate	25	26	35	31	30	40
Birth Rate	25.7	24.2	24.7	23.9	23.4	24.2
Illeg. Birth Rate	2.9	3.1	4.1	3.7	3.6	4.6
Still-Births	20	24	17	17	16	18
Still-Birth Rate	22	28	19	20	19	20
Marriages	286	275	287	292	321	317
Marriage Rate	8.4	8.0	8.2	8.2	9.0	8.8
Deaths	376	427	337	350	349	352
Death Rate (Corrected)	11.1	12.5	9.7	9.9	9.8	9.8
Death Rate (Adjusted)	13.3	15.0	11.6	11.8	11.7	11.7
Deaths from Epidemic Diseases	1	2	2	0	1	1
Epidemic Death Rate	0.03	0.06	0.06	0.00	0.03	0.03
Deaths from T.B. (All forms)	1	2	1	4	1	1
Death Rate T.B. (All forms)	0.03	0.06	0.03	0.11	0.03	0.03
Deaths from Pul. T.B.	1	2	1	4	1	1
Pul. T.B. Death Rate	0.03	0.06	0.03	0.11	0.03	0.03
Deaths of Infants under 1 year	29	31	22	27	26	23
Infantile Mortality Rate	33	37	26	32	31	26
Maternal Deaths	0	1	0	0	0	1
Maternal Mortality Rate	0.00	1.2	0.00	0.00	0.00	1.2

NOTES

Population estimates are supplied by the Registrar General.

The various rates are calculated as follows:-

Birth Rate	- number of live births per 1,000 of estimated total population.
Illegitimate Birth Rate	- number of illegitimate births per 100 live births.
Still-Birth Rate	- number of still-births per 1,000 total births (including still-births).
Marriage Rate	- number of marriages per 1,000 of total population.
Death Rate (Corrected)	- number of deaths per 1,000 of estimated total population. For war years per 1,000 of estimated civil population.
Death Rate (Adjusted)	- this is an index of the number of deaths per 1,000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as for the whole of Scotland.
Infantile Mortality Rate	- the number of deaths of children under 1 year per 1,000 live births.
Maternal Mortality Rate	- the number of maternal deaths per 1,000 live births.

A. Local Health Authority Functions

General Administration:

The functions of the local health authority are administered by the Health Committee to which the Medical Officer of Health and the Sanitary Inspector are severally responsible for various aspects of the composite services.

Details of the Sanitary Inspector's activities are dealt with in his own separate report.

The Medical Officer of Health is now mainly concerned with administering the services which are the responsibility of the local authority under the provisions of the National Health Service (Scotland) Act, 1947 and the Mental Health (Scotland) Act, 1960. Minor duties under other enactments are referred to in the body of the report.

The various nursing services are under the immediate control of a Superintending Nursing Officer who is responsible to the Medical Officer of Health.

These nursing services comprise:-

- (a) Health Visitors - a staff of 7 health visitors carry out the routine work of maternal and child care including domiciliary visitation and the staffing of various clinics. In addition one of the Tuberculosis Nurses now devotes about half her time to Health Visiting duties. One nurse was also employed during the year to carry out clinic duties on a part time basis. One Trainee Health Visitor seconded to a Training Course qualified and joined the Staff.
- (b) Tuberculosis and infectious disease nurses - two nurses have been mainly employed on these duties but with the reduction in the tuberculosis service which has now taken place it has been possible to allow one to devote about half her time to general Health Visiting work. Both are qualified health visitors. The nurses do domiciliary visitation and assist at the tuberculosis diagnostic, and treatment clinics run by the Hospital Authorities and the Contact and B.C.G. clinics.
- (c) Domiciliary Midwives - a staff of three domiciliary midwives is provided. Until recently all lived together in a house provided and run by the local health authority and from there they carried out all the domiciliary midwifery in the Burgh. We now, however, have two nurses living in their own homes. This has necessitated the installation of telephone extensions to ensure that they can be available when required. There are now no part time midwives and none in private practice.
- (d) District Nurses - there are six nurses carrying out home nursing duties. These nurses are not direct employees of the health authority but are provided by Airdrie and District Nursing Association under a suitable financial arrangement with the authority.

The Medical Officer of Health also controls a Dental Clinic service staffed by a qualified dentist and dental attendant.

During 1966 the Chiropody Service was placed on a full time basis under the Health Department employing one Chiropodist but the service has extended and part-time Chiropodists are now employed as well on a sessional basis.

There is an office staff of five persons.

The Clinical Tuberculosis Officer, who is employed by the Hospital Authority, formerly had an office in the same building as the Health Department with a personal clerkess. Records were held in common and there was thus very close co-ordination of/
of/

of the clinical and administrative sides of tuberculosis control.

This arrangement terminated in 1957, new clinic and clerical facilities having been provided in the Out-patient extension to Alexander Hospital, Coatbridge. The Tuberculosis Nurses, however, continue to attend the clinic and the clerical liaison has been well-maintained.

The Home Help Service, while nominally under the control of the Medical Officer of Health, is administered from day to day by a Home Help Supervisor on the Staff of the Welfare Department.

The Day Nursery was closed at the end of 1958.

A detailed list of staff is given at the beginning of this Report.

1. Care of Expectant and Nursing Mothers and Children under School Age.
(N.H.S. (S) A. 1947, Sect. 26)

(A) Expectant & Nursing Mothers

Two ante-natal clinics are held each week in the local authority's premises at Wellwynd. The medical staffing is by specialist obstetric officers generally of registrar grade supplied by Bellshill Hospital. The nursing staff is provided in rotation from the Health Visitor Staff. The patients who attend are either those booked for hospital confinements or are domiciliary cases sent by their own doctors for consultations.

The fullest clinical supervision is available including routine blood tests. Specimens are examined at the Regional Laboratory in Motherwell and at the laboratory of the Blood Transfusion Service now situated in Law Hospital, Carlisle. This Clinic has developed rapidly and although the accommodation was enlarged during 1954 by the provision of additional waiting-room accommodation, undressing cubicles and an additional consulting room, it is still inadequate for the number of persons attending, although the position has improved a good deal since the sessions were increased to two per week in December, 1961.

Special consideration is always given to unmarried mothers in the way of admission to hospital and other assistance and advice is always freely available. Originally post-natal examinations were generally carried out at the hospital. This proved inconvenient for many patients and it was mainly to allow of these being done locally that it was decided to provide the second clinic session.

Nursing mothers receive advice at the Child Welfare Clinic (see below) and advice in Mothercraft is given by the Health Visitors either to individuals or to small groups. A film projector is available and a suitable library of film strips is being built up to improve the teaching facilities.

Sixty three mothers made 148 attendances at Mothercraft Classes.

Maternity Outfits, to Department of Health specification, are supplied free of charge to all mothers having a home confinement.

The domiciliary midwives carry out routine ante-natal visits to their booked cases and generally supervise their welfare.

(b) Child Welfare

There is now one main child welfare clinic held on Wednesday and Thursday afternoons each week at Wellwynd and two subsidiary or peripheral clinics. One of the latter Arranview Children's Home, serves the northern part of the town and opens on Tuesday afternoons and Wednesday mornings. The other is now held in a new Clinic at Craigneuk and is open on Wednesday afternoons. This was opened early in 1957 in the east of the Town.

Medical consultation is available two afternoons each month at the main clinic and one afternoon a month at each of the branch clinics. Vaccination and other immunisation services are also available on these days.

Cases from these clinics can be referred to any required specialist if the family doctor approves.

One practitioner is now given assistance at his own clinic in accordance with the recommendations of the Montgomery Report.

This has been the only response so far to a general offer of help.

Children/

Children referred to family doctor or for specialist treatment or advice as a result of a medical examination

Born in 1967	1	
Born in 1966	2	
Born in 1962-65	17	Total 20.

"At risk" Register

(This is intended to facilitate the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of newborn, congenital abnormalities, difficult births, history of virus infection of mother etc.)

On register at end of year and receiving special supervision.

Born 1967	65	
Born 1966	58	
Born 1962-65	142	Total 265.

(c) Care of Premature Infants

The Health Visitors devote special attention to premature infants being reared in their own homes. Where necessary daily visits are paid and equipment loaned. It is now usual to have premature infants admitted from the district to Bellshill Hospital Nursery and the increased accommodation in the new hospital has facilitated this.*

(d) Supply of Welfare Foods and Similar Products

During 1954 the Ministry of Food discontinued the war-time arrangements for the supply of Welfare Foods and the responsibility for issuing these was placed on the local health authorities.

After some discussions of alternative methods of carrying out the work, it was finally decided that issues should be made from our Welfare Department under the control of the Welfare Officer.

The premises of the Welfare Department are on the ground floor of the Health Department offices and a spare room there was readily adapted to provide a store room and counter accommodation. The additional work necessitated the engagement of one extra junior clerkess. These arrangements continued during 1967 and have been acceptable to the public.

We have also continued the previous arrangements by which dried milk and other nutrients are issued at our clinics for the use of children who require them on medical grounds. These, however, are retailed at cost price.

Uptake of Welfare Foods

The following are available to the classes of applicant indicated:-

Cod Liver Oil (6oz. bottles)

Children aged 0-5 years	-	1 bottle per 6 weeks.
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Oranage Juice (6oz. bottles)

Children aged 0-2 years	-	under 6 months, 1 bottle per 4 weeks, over 6 months, 1 bottle per 2 weeks.
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Expectant Mothers	-	1 bottle per 9 days.
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* The new hospital was opened by Her Majesty Queen Elizabeth on July, 2nd 1962.

Vitamin Tablets (packets of 45)

Expectant Mothers and
Nursing Mothers

- 1 packet per 6 weeks.

National Dried Milk (20oz. = 7 pints liquid milk)

Children aged 0-2 years

- 1 tin per week and supplements
amounting to 31 tins during 1st year.

Details of actual uptake have been given in previous reports. The demand for all these products has been falling for some years past and remains at a low level.

(e) Dental Care

The health authority provides a complete dental service for the priority classes. There is at Wellwynd a well-equipped dental surgery, staffed by a fully-qualified dental surgeon and a dental attendant.

A practitioner who specialises in dental anaesthesia attends as required and is remunerated on a sessional basis. Nursing assistance to patients under going general anaesthesia is provided by the Health Visitors in rotation.

(f) Day Nursery

Closed at end of 1958.

Details of Attendances

Ante-natal and Post natal Clinics

(a) No. of Local Authority Clinics provided at end of year	1.
(b) No. of women attending during the year (A-N 587; P-N 108)	695*
(c) Total attendances during year (A-N 3,381; P-N 101)	3,382*

(* The figures include 144 County residents who made 875 attendances - A-N 484; P-N 27)

The clinic held 89 sessions the average attendance thus being 38.

Child Welfare Clinics

(a) No. of local authority clinics provided at end of year	3.
(b) No. of children attending under 1 year	644
over 1 year	1,128
(c) Total attendances under 1 year	5,656
over 1 year	4,575
(d) No. of clinics provided by voluntary organisations	1 (Cervical Cytology Taken over in September.

The Child Welfare clinics held 226 sessions the average attendance thus being 45.

Special Sessions for Immunisation Work

At schools	Diphtheria etc. 11; B.C.G. 12 =	23
At clinics		35
Total		58

Orthopaedic Clinic

In 1957 this clinic was transferred to the new Out-patient Department at Alexander Hospital, Coatbridge.

Physiotherapy Clinic

The patients attending the Orthopaedic Clinic in previous years were normally sent to Alexander Hospital, Coatbridge, for any necessary treatment by physiotherapy. The facilities there, however, became overloaded and at the end of 1953 we were asked to lend accommodation for some of this work, so far as it related to Airdrie patients.

Two sessions are held each week and the clinic has remained busy until June, 1967 since when no sessions have been held because of shortage of staff. The number of cases treated (61) was three less than in the previous year and the total attendances (344) were also down compared with 1966 (526). In relation to earlier years when the attendances were usually about 1,200 there is a substantial apparent reduction of the work but this is explained as being due to ~~diminution~~ in "Class" work. More cases are now being treated individually and thus make adequate recoveries with fewer attendances.

All the treatment was given by physiotherapists employed by Coatbridge Airdrie & District Hospital Board. The majority of the cases dealt with were chest conditions especially in children and the remainder were chiefly orthopaedic. Miss Parker, the Senior Physiotherapist reports that a total of 345 treatments were given, comprising massage, exercise or postural drainage.

The cases dealt with comprised 1 adult and 60 children.

CERVICAL CYTOLOGY CLINIC

A new development during 1966 was the introduction of a clinic for the taking of smears in connection with the exfoliative cytology of the uterine cervix the purpose being to detect early indications of pre-malignant disease in that situation.

Although held in our clinic premises the inception of the service was really due to the enterprise of a voluntary organisation, the North Lanarkshire Hospitals Women's Auxiliary, who initially defrayed the costs.

A regular weekly evening clinic has been held since September, 1966, staffed by a specially trained medical officer and two health visitors.

In addition to taking smears for cytological examination, a complete pelvic examination is carried out, examination of the breasts and urine test.

The patients dealt with during the first phase at the end of 1966 numbered 210 but they were not all from Airdrie. Because of the voluntary auspices the service was available to Coatbridge and County residents as well.

There is a large demand for this service. It has only been advertised on one occasion and we have at present a waiting list which amounts to about a years work at our present rate.

Development is limited by the extent of the laboratory facilities which are required for the examination of the smears.

The local authority has now assumed responsibility for this service.

The work of the Cytological Clinic has been carried out by Dr. Maureen Wyllie, an experienced gynaecologist and she has supplied the following details of the results of her work during 1967.

Attendances

First Visits	635		
Re-calls	46	Total	681

Age distribution of patients examined

21-30 years	80		
31-40 "	331		
41-50 "	185		
51-60 "	33		
61 years and over	6	Total	635

Parity of patients examined

Nulliparous	34		
1 pregnancy	77		
2 pregnancies	200		
3 pregnancies	144		
4 pregnancies	81		
5 pregnancies	47		
6 pregnancies	.		
and over	52	Total	635

Results/

Results

Smear results are classified in accordance with the following schema:-

- Grade I - Normal morphology of squamous cells.
- Grade II - Normal morphology plus infection.
- Grade III - Some atypical cells but less than 25%
- Grade IV - Carcinoma in situ: more than 30% abnormal cells some definitely malignant.
- Grade V - More than 50% abnormal cells some of invasive type.

The Clinic results were:-

- Grade I - 40
- Grade II - 575
- Grade III - -
- Grade IV - -
- Grade V - 2

Disposal

All general practitioners were informed of the results of their patient's smears and suitable treatment suggested if necessary.

Where the Grade II smears were due to specific infection such as with *Trichomonas vaginalis* the patients were recommended for a suitable course of treatment and thereafter recalled for a repeat smear.

In addition, to having smears taken all patients had a full gynaecological and abdominal examination and an examination of the breasts.

All abnormal findings were reported to the general practitioners concerned.

These additional conditions were surprisingly numerous as shown below:-

Significant cervical erosions	-	145
Vaginal infection with trichomonas	-	77
Vaginal infection with monilia	-	2
Cervical polypus	-	11
Uterine fibroids	-	22
Ovarian cysts	-	13
Miscellaneous gynaecological	-	32
Breast tumours	-	13
Abdominal lesions	-	7

The two positive smears which were the result of the years work were subsequently proven by further investigation. The yield of such smears at well women clinics such as ours is usually stated as being about 3 to 4 / 1,000 women examined so that 2 cases for 635 examinations accords quite well with experience elsewhere.

DENTAL CLINIC

The Dental Clinic, providing priority dental services to mothers and young children continued to function satisfactorily during the year.

At/

At the end of 1956 we were asked by Hamilton Town Council whether we could help with the priority dental service for that Burgh by lending the services of the Dentist and Dental Attendant. After an examination of the position it was decided that this could be done, at least meanwhile, to the extent of two half day sessions per week, without our own service suffering. An arrangement to this effect was, therefore, put into force in January, 1957, and has continued since then with the addition of another half day per week. Suitable financial adjustment has been made by which Hamilton pay an appropriate proportion of the salaries and also travelling expenses.

It may not be possible to continue this arrangement indefinitely if the help which we are able to give is insufficient for the Hamilton demand.

Miss Margaret Hinshelwood, L.D.S. has provided the following statement of work done at our own Dental Clinic and at Hamilton. (see over).

Airdrie Dental Clinic (1/8/66 to 31/7/67)

General Statistics

	Pre-School Children			Maternity		
	Aged 3 or under	Aged 4 or over	Total	Ante- natal	Post natal	Total
Inspections	77	73	150	238	122	360
With dental defects	43	57	100	219	111	330
Offered treatment	43	57	100	219	111	330
Accepting treatment	42	56	98	214	101	315
Treated by L.A. Officer	85	87	162	98	112	210
Emergency cases	4	19	23	-	-	7
Attendances for inspection and for treatment (excluding emergencies)			322	567	533	1,100

Details of Treatment

(a) Fillings:-

(i) Permanent teeth	345
(ii) Deciduous teeth	141

(b) Extractions:-

(i) Permanent teeth	404
(ii) Deciduous teeth	122

Administration of general anaesthetic 47

Other operations:-

Permanent teeth	340
Deciduous teeth	3

Dentures:-

Partial	17
Full	89
Repairs to dentures	13

Radiographs Nil

Broken appointments 200

Hamilton Dental Clinic (1/8/66 to 31/7/67)

General Statistics

	Pre-School Children			Maternity		
	Aged 3 or under	Aged 4 or over	Total	Ante- natal	Post natal	Total
Inspections	44	24	68	69	47	116
With dental defects	18	16	34	63	42	105
Offered treatment	18	16	34	63	42	105
Accepting treatment	17	15	32	62	41	103
Treated by L.A. Officer	13	21	34	57	38	95
Emergency cases	5	6	11	-	-	2
Attendances for inspection and for treatment (emergencies excluded)			148	235	255	490

Details of Treatment

(a) Fillings:-

(i) Permanent teeth	171
(ii) Deciduous teeth	65

(b) Extractions:-

(i) Permanent teeth	148
(ii) Deciduous teeth	36

Administrations of general anaesthetic 9

Other operations:-

Permanent teeth	191
Deciduous teeth	-

Dentures:-

Partial	34
Full	45
Repairs to dentures	6

Radiographs Nil

The provision of a priority dental service for mothers and young children is an extremely important part of a Maternity and Child Welfare Scheme.

Sound nutrition is essential to the well-being of the pregnant patient and lactating mother, and one of the factors contributing towards this end is undoubtedly the possession of an efficient and healthy dentition.

Similarly in the young child supervision and conservation of the primary teeth helps to ensure satisfactory development of the permanent dentition.

It tends to be forgotten by the general public that the general dental service unlike the general medical service provided under the National Health Service Act is not guaranteed. The private dentists are free to accept or refuse any patient and it is only to be expected that they tend to concentrate on the more remunerative aspects of the work available. Dental treatment, especially of a conservative nature, is a time-consuming procedure and this is particularly true of handling young children whose confidence can only be secured by a patient and painstaking approach. These are some of the considerations which make it difficult for a satisfactory service to be provided except by a local authority officer specialising in this particular type of work.

The reason for the different arrangements made in the Act for the provision of dental services as contrasted with medical services lies in the known shortage of dentists and the prospect that this shortage may and indeed must increase rapidly.

In 1956 when the McNair Committee reported there were 15,895 dentists on the Dental Register of the United Kingdom. This was approximately 1 dentist to 3,400 of the population but the figure of 15,895 included dentists practising abroad, in the services, and actually retired from practice so that the ratio was substantially worse. Even at 3,400 the ratio was much below the standard of other countries. Canada had one dentist to 2,790, Sweden one to 2,271, Norway one to 2,000 and U.S.A. one to 1,667.

Moreover because of the average age of the dental profession it was estimated that 8,000 practitioners would be taken off the Register before 1967.

The Committee stated that a Register of 20,000 dentists should be aimed at. This meant that 800 new dentists were required each year purely for replacement purposes plus about another 400 to achieve the target figure. The actual intake of students in 1959 was only 622 not all of whom would ultimately qualify so that it is quite clear that far from our having sufficient dentists in the future years, the actual numbers will continue to show a positive decline.

The local position is in fact much worse than the general estimates given above. At the most there are eight private practising dentists in Airdrie serving the Burgh and the immediate landward area - a population probably in excess of 40,000. This is one dentist to 5,000 persons a ratio much below the national figure which itself gives cause for serious concern.

It is obvious, therefore, that the reasons which resulted in local authorities administering the National Health Service Act being charged with the duty of providing a priority dental service for mothers and young children were inspired by a correct appreciation of the virtual impossibility of giving these classes an adequate service by any other means and moreover it is clear that these reasons are still operative and even more valid at the present time.

The dental condition of the population as a whole viewed in relation to the number of dentists available is in fact such that the only prospect of substantially improving matters is by the introduction of measures aimed at prevention - at reducing the amount of dental decay occurring in the population.

Evidence continues to confirm that fluoridation of public water supplies

is such a measure and during 1962 there was published a Report on the results of fluoridation studies carried out in Kilmarnock and elsewhere during the past five years. These were favourable both on the score of efficiency in preventing or minimising dental caries and in the complete absence of any adverse effects.

Scottish Home and Health Department Circular No. 25/1962 drew the attention of local health authorities to the terms of this Report and later in the year Circular No. 114/1962 gave a more positive lead by offering to approve definite fluoridation proposals made in terms of section 27 of the National Health Service (Scotland) Act, 1947 and to indemnify local authorities who adopted fluoridation.

It is however, most regrettable to learn that in Kilmarnock, despite the favourable results obtained in the pilot study, the opponents of fluoridation have secured sufficient support to enforce the discontinuation of what was widely regarded as a most enterprising pioneer venture into this controversial field.

Nevertheless a more enlightened attitude prevailed in Lanarkshire and during last year all health authorities ultimately agreed in principle to the fluoridation of their water supplies.

The formalities necessary to make this a reality have still to be finalised but the technical officers have had meetings to decide on a uniform policy for equipment and methods and some progress has been made in anticipation.

At the time of writing, amalgamation of the various water authorities has now taken place in accordance with the provisions of the Water (Scotland) Act, 1967 and it had been hoped that this co-ordination of the service would have helped to ensure that some definite progress would soon be evident. Unfortunately the present restrictions on capital expenditure have led meantime to tentative proposals being further postponed.

MATERNAL MORTALITY

There was one maternal death during the year.

Figures for the last ten years are given below.

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Maternal Deaths	1	0	0	0	0	1	0	0	0	1
Maternal Mortality Rate per 1,000 live births	1.40	0.00	0.00	0.00	0.00	1.20	0.00	0.00	0.00	1.20

PUERPERAL FEVER AND PUERPERAL PYREXIA

There were no notifications of these conditions.

INFANTILE MORTALITY

The infantile mortality rate for 1967 was 23. This was substantially better than last year's figure of 31 and is in fact the lowest figure so far recorded for any year. The average for the five years 1962-66 is 30.2. The Scottish rate for 1967 was 21 compared with 23 in 1966.

The still-birth rate was 20 compared with 19 in the previous year. The national average was 16.

INFANTILE MORTALITY RATES

Rates for ages 0-12 months

Year	Airdrie	All Scotland	Year	Airdrie	All Scotland
1944	79	65	1956	24	29
1945	73	66	1957	24	29
1946	47	54	1958	49	28
1947	34	56	1959	25	28
1948	58	45	1960	30	26
1949	38	41	1961	28	26
1950	50	39	1962	33	27
1951	54	37	1963	37	26
1952	38	35	1964	26	24
1953	46	31	1965	32	23
1954	37	31	1966	31	23
1955	35	30	1967	23	21

Neo-natal mortality

This relates to the deaths of infants (included in the total infantile mortality) who died within 4 weeks of birth. It is useful to have these recorded separately because the causes are more related to the hazards and accidents of pregnancy and childbirth rather than to what happens to the infant later in its life. Since 1952 the figures for neo-natal mortality have been supplied separately by the Registrar General.

Rates for ages 0-1 month

Year	No. of Deaths	Rate per 1,000 live Births
1952	11	18
1953	18	28
1954	16	25
1955	11	18
1956	9	14
1957	11	16
1958	22	31
1959	10	13
1960	16	20
1961	13	15
1962	11	13
1963	21	25
1964	14	16
1965	16	19
1966	19	23
1967	13	15

Infantile Mortality - Detailed list of causes of death

0-1 month old - 13 deaths

* Male	*	*	1 day old	*	*	Prematurity: intraventricular haemorrhage.
* Male	*	*	2 days old	*	*	Prematurity: hyaline membrane disease
* Male	*	*	2 days old	*	*	Neo-natal pneumonia: hyaline membrane disease
* Female	*	*	9 hours old	*	*	Extreme prematurity (non-viable).
* Male	*	*	10 hours old	*	*	Prematurity: intraventricular haemorrhage.
* Female	*	*	4 days old	*	*	Cerebral infarction: meningitis.
* Female	*	*	1 day old	*	*	Cerebral anoxia.
* Male	*	*	2 weeks old	*	*	Intrapartum anoxia: cerebral anoxia damage.
* Female	*	*	6 days old	*	*	Microcephaly: encephalocele.
* Male	*	*	3 hours old	*	*	Extreme prematurity.
* Female)	*	*	10 hours old	*	*	Atelectasis: prematurity.
			Twins			
* Female)	*	*	14 hours old	*	*	Atelectasis: prematurity.
* Male	*	*	2 hours old	*	*	Atelectatis: prematurity.

1-12 months old - 10 deaths

* Male	*	*	7 months old	*	*	Gastro enteritis: cerebral thrombosis
* Female	*	*	5 months old	*	*	Gastro enteritis.
Female	*	*	6 months old	*	*	Cardiac failure: congenital heart disease: measles
* Male	*	*	3 months old	*	*	Broncho pneumonia: congenital heart disease
* Male	*	*	4 months old	*	*	Congenital heart disease.
* Female	*	*	2 months old	*	*	Broncho pneumonia: cleft palate.
* Female	*	*	4 months old	*	*	Broncho pneumonia.
Male	*	*	3 months old	*	*	Gastro enteritis.
Female	*	*	3 months old	*	*	Accidental asphyxia: inhalation of vomitus.
Female	*	*	2 months old	*	*	Accidental asphyxia.

indicates child in hospital at time of death.

Still-Birth Rates

Still-births were first registered in 1939 and the table below gives the rate for Airdrie and all Scotland in five year averages since then.

The rates are expressed as "per 1,000 total births including still-births".

Still-Birth Statistics

Year	Number of Still-Births	Still-Birth Rate	
	Airdrie	Airdrie	Scotland
1939-43	25	39	39
1944-48	25	35	31
1949-53	20	31	26
1954-58	17	15	22
1959-63	19	23	20
1964	17	19	18
1965	17	20	18
1966	16	19	16
1967	18	20	16

2. Domiciliary Midwifery (N.H.S. (S) A. 1947, Sect. 23)

In accordance with the provisions of the Maternity Services Act of 1937, the Burgh of Airdrie formulated a scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland, the Scheme came into operation on January, 1st 1940.

In subsequent years the service gradually developed until by 1947, five full-time midwives were in the employment of the Town Council and they, together, were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse had her own bed-sitting room and there is also a lounge and dining-room for common use. A domestic staff of two assisted in the running of the Home.

This was the position up to July, 5th 1948.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services (Scotland) Act, 1937 which was partly repealed and was instead placed on the local authority by Section 23 of the new National Health Service (Scotland) Act of 1947.

No outward change, however, resulted and since then the service has been continued exactly as before.

The problem of transport for midwives was referred to in a previous report and it was explained that during the day they travelled by 'bus, tram or bicycle', and that at night they were allowed to hire a taxi when distance or urgency suggested the need for doing so.

They were also authorised to engage a taxi for the transport of the analgesia apparatus.

Nevertheless with the growing size of the town it is undoubtedly true that dependence on public or specially hired transport means that a much greater proportion of a nurse's time, than formerly, is now devoted to travelling rather than to carrying out her nursing duties. The wide separation of individual districts also leads to difficulties in one nurse relieving another when there are staff shortages for any reason.

The same amount of work now takes much longer to do because of the dispersal of the population. Clearly this is a situation which should be met, not by engaging more staff, but by increasing the mobility of the existing staff. The Town Council in recognising this situation agreed to pay car allowances to nurses who had their own cars and this has been of great help in maintaining an adequate and flexible service since all now have a car.

All the nurses employed are qualified to administer trilene analgesia and in 1960 we changed over to this from the former gas-air procedure. The Local Medical Committee indicated approval of this development.

It has become increasingly difficult to engage trained midwives when vacancies arise and we have been fortunate in having been able to maintain an adequate staff during the year. The number employed is now three and this despite the reduced number of confinements really represents the least practicable size of staff to provide a fully adequate service. Nurses are also increasingly reluctant to stay in institutional premises. We therefore, now have two living in their own homes and this introduces other difficulties over communication and transport.

Twenty three cases had inhalation analgesia during the year. Trilene is now/

now used exclusively. Pethidine was also employed on the instructions of the medical practitioner attending. It was given in 7 confinements.

Non-medical supervision is carried out by the Superintending Nursing Officer who consults the Medical Officer of Health in any difficulty. There are no private practising midwives resident in the area.

With the development of General Practitioner Maternity Units at Alexander Hospital, Coatbridge, and Calderbank House, Baillieston, the number of domiciliary cases has been falling steadily and any mother who desires a hospital confinement for social reasons can be sure of getting a bed. In the past we sometimes had to refer such cases specially to the ante-natal clinic so that they might be booked for Bellshill Hospital. We have been most grateful for this help over the years and it is satisfactory to note that the services have now improved to such an extent that there is no longer any difficulty.

By arrangement with Bellshill Hospital, pupil midwives are given opportunities to participate in the work of the area.

The midwives assist at one general practitioner ante-natal clinic.

Midwifery Staff during the year

Nurse A. Gilfillan, R.G.N., R.F.N., S.C.M.

Nurse M.H. Sutherland, R.G.N., S.C.M.

Nurse J. McGillivray, R.G.N., S.C.M. (Resigned 7.11.67)

Nurse J.A.T. Lynn, S.R.N., S.C.M. (Appointed 9.11.67)

MIDWIVES (SCOTLAND) ACT 1915

Cases of emergency under Sect. 22 Nil.

Notification of Intention to Practise 4.

BIRTHS AND CONFINEMENTS

BIRTHS

Number of births in the area during 1967 corrected for mother's residence

	Adjusted Live Births	Adjusted Still-Births	Adjusted Total Births
Domiciliary	45	1	46
Hospital and Nursing Homes	823	15	838
Total	868	16	884

PREMATURE BIRTHS

Number of premature births under 5lbs.8oz. (2,500gm) occurring in the area during 1967 corrected for mother's residence

Weight at Birth	Premature Live Births												Premature Still- Births		
	Born in Hospital				Born at home or in nursing home										
					Not transferred to hospital				Transferred to hospital						
TOTAL	Died			Total	Died			Total	Died			Born			
	24 hrs.	1-7 days	7-28 days	24 hrs.	1-7 days	7-28 days	Total	24 hrs.	1-7 days	7-28 days	Hospital	At Home	Nursing Home		
2lb.3oz. (1,000 gm.) or less	5	5	-	-	-	-	-	-	-	-	2	-	-		
2lb.3oz. to 3lb.4oz. (1,001-1,500)	5	-	-	-	-	-	-	-	-	-	3	-	-		
3lb.4oz. to 4lb.6oz. (1,501-2,000)	11	1	-	-	-	-	-	-	-	-	5	1	-		
4lb.6oz. to 4lb.15oz. (2,001-2,250)	10	1	-	-	-	-	2	-	-	-	1	-	-		
4lb.15oz. to 5lb.8oz. (2,251-2,500)	31	2	-	-	7	-	-	-	-	-	1	-	-		
Total	62	9	-	-	7	-	-	2	-	-	11	1	-		

DOMICILIARY MIDWIFERY

CONFINEMENTS ATTENDED UNDER N.H.S. ARRANGEMENTS

Doctor Booked	44
Doctor not Booked	2
	<u>46</u>
Doctor Present at Confinement	4
Domiciliary Cases Transferred to Hospital	11
Hospital Booked Cases given ante-natal care by Domiciliary Midwife	Nil
Cases delivered in hospital but discharged early to care of Domiciliary Midwife	49

HOSPITAL MIDWIFERY (Airdrie cases only)

Type of Case	Bellshill Hospital	Alexander Hospital	Wm. Smellie Hospital	Calderbank House
Emergency (a) Scheme	8	3	-	-
(b) Non-Scheme	-	-	-	-
Pre-arranged admission	431	362	-	24
Total	439	365	-	24

In other homes and institutions - 9.

The total of all institutional cases (emergencies excluded) was thus 26 representing about 95% of all confinements. Last year the comparable figure was 91% and in 1950 it was only 45%. It would appear that domiciliary midwifery will soon be something quite exceptionable, and in relation to the numbers dealt with it has become a very expensive service to provide, costing about £110 per case.

Medical Aid

- (a) No. of cases in which medical aid was summoned during the year under Section 22 (1) of the Midwives (Scotland) Act, 1915, by a midwife - Nil.
- (b) No. of cases in which medical aid was summoned during the year for cases where the medical practitioner has agreed to provide maternity medical services under National Health 3.

Administration of Analgesics

- (a) No. of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.

Domiciliary - 4.

- (b) No. of domiciliary midwives who received their training during the year Nil.
- (c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1967, by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's Area 4.
- (d) No. on order at 31st December, 1967 Nil.
- (e) No. of cases in which Analgesics were administered by Midwives in Domiciliary practice during the year .. 23.
- (f) No. of cars in use by midwives at 31st December, 1967 3.
- (g) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year (Only given on direct instructions of medical practitioner) 7.

as-Air Analgesic

The use of this has now been given up completely in favour of trilene.

rilene Analgesia.

Doctor not present	21.
Doctor present	2.

pethidine Administered

Doctor not present	5.
Doctor present	2.

3. Health Visiting Service (N.H.S. (S) A. 1947, Sect. 24)

During 1965 authority was given to increase our Health Visitor Staff by one bringing the authorised establishment to eight. One of the nurses within this total however divides her time between health visiting and tuberculosis so that even if the establishment had been achieved there would still have been a notional shortage of one-half health visitor.

However, despite advertisement it proved impossible to attract an additional trained Health Visitor but we did secure a Trainee who was sponsored for training towards the end of the year and who returned for duty during 1967.

At the beginning of 1966 there were further staff ~~resignations~~ for domestic reasons and as the difficulties became acute, authority was given for the engagement of a nurse without Health Visitor training for the purpose of helping with clinic duties within her competence. This appointment was duly made and proved very successful. Later in that year it proved possible to secure replacements for the Health Visitors who had resigned and the approved establishment was reached in late 1967 when the Trainee Health Visitor qualified.

Various factors contributed to the increasing pressure on this service. The town continues to grow and the population is being increasingly dispersed to new housing areas. The routine work of the past thus takes much longer to do, but at the same time the duties of the health visitors are being continually expanded. The care and supervision of the aged, the prevention of the break up of families, the prevention and investigation of home accidents, the care of handicapped children, additional work in connection with poliomyelitis vaccination, the inauguration of several new schools - all those considerations lead to an ever growing need for Health Visitor Services if the facilities provided by the Health Department are to be kept in tune with what is now felt to be necessary or desirable in a modern community.

As shown above, for some time past we have had difficulty in getting fully-trained Health Visitors to replace those leaving.

To overcome this we introduced a Trainee Scheme about eight years ago and suitable candidates have been engaged as Trainee Health Visitors and then sent off either to Glasgow or Edinburgh to attend the course of training for the Health Visitor's Certificate.

During their absence for this purpose the local authority pays a subsistence allowance and meets all fees. As a condition of this assistance the trainee agrees to stay with the authority for one year after qualification. So far eight Trainees have completed the course and qualified but four resigned on marriage and one left. One Trainee was away on a sponsored course during most of the year.

The Health Visitors carry out routine domiciliary visitation of all children and give advice to expectant and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation sessions and attend at the local schools in connection with the routine visits for diphtheria prophylaxis. They carry out thenursing duties at other clinics held by the specialist Officers of the hospital authority within the Burgh, and at the Dental Clinic on days when patients are having general anaesthesia.

It has not been possible so far to extend their duties very much more widely although regular visits are paid to an Old Person's Hostel owned by the local authority and assistance is always provided in specific cases on request, generally in co-operation with the hospital almoner services.

Apart from the steady increase in the actual volume of work falling upon the Health Visitors, the greater dispersal of the population in new housing schemes means that much of their time, than formerly, is now spent on travelling and/

and walking between visits. Districts have been arranged so as to reduce this unproductive time as much as possible, and some car allowances are now paid.

Every effort is made by the Health Visitor to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

A film projector was obtained during 1952 and use is being made of it in informal talks and demonstrations to small groups in educational work of this kind.

The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers all the facilities which are provided for the children's welfare.

This is notably so as regards the various immunisation procedures, the use of vitamin supplements and the care of the teeth.

Opportunities are given for attendance at suitable Refresher Courses for Health Visitors.

Details of the work done at the clinic and by the Health Visitors will be found elsewhere.

Two other nurses are also employed by the Authority but their duties are mainly in connection with infectious disease - particularly the domiciliary supervision of tuberculosis cases. They assist also at the Tuberculosis Clinics and undertake the nursing work in connection with the extension of B.C.G. vaccination to school children. These are both qualified Health Visitors. With the reduction in the amount of tuberculosis work, we transferred one of these half-time to health visiting duties.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as Central Clinic.

A further section of these premises was taken over in 1957 and again this year to provide accommodation for records, stores and additional office space but the whole building is now out of keeping with modern ideas and repairs and general maintenance are costly. With a larger public demand on the facilities its shortcomings are no longer tolerable and the provision of a comprehensive new office and clinic building is at present under consideration by the Town Council. There is also a prospect of better clinical facilities in a new Health Centre which is being planned in association with the New District Hospital.

The Superintending Nursing Officer organises and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service.

The demands made upon the Health Visitors continue to increase and the staff are very fully occupied during the year. The routine duties are such that so far no attempt has been made to develop arrangements for formal co-operation with general practitioners, nor do their surgery premises make this a very practicable proposition. It is hoped that organised arrangements of this kind will develop in the proposed Health Centre.

The first of these is the fact that the population of the United States has increased from 22,000,000 in 1860 to 39,000,000 in 1880. This increase has been the result of a number of causes, the most important of which are the immigration of foreign-born persons and the natural increase of the native-born population.

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HEALTH & TUBERCULOSIS VISITING

Number of cases and home visits

<u>Visited by Health Visitors</u>	<u>Cases</u>	<u>Visits</u>
Expectant Mothers	44	66
Children born in 1967	871	7,037
Children born in 1966	935	4,917
Children born in 1962-65	2,034	5,790
School Children	241	372
Persons aged 65 or over	49	367
Persons aged 65 or over visited at special request of general practitioner or hospital	-	-
Mental Health:- care & after care	33	45
Mental Health cases visited at special request of general practitioner or hospital	-	-
Other hospital after-care	-	-
Hospital after-care cases visited at special request of general practitioner or hospital	-	-
Tuberculosis Households	129	1,123
Other Infectious Disease	48	52
Miscellaneous	523	2,326
Totals	4,907	22,095

Date	Time	Description
1/1/1900	10:00	Arrived at the station
1/1/1900	11:00	Left the station
1/1/1900	12:00	Arrived at the office
1/1/1900	13:00	Left the office
1/1/1900	14:00	Arrived at the station
1/1/1900	15:00	Left the station
1/1/1900	16:00	Arrived at the office
1/1/1900	17:00	Left the office
1/1/1900	18:00	Arrived at the station
1/1/1900	19:00	Left the station
1/1/1900	20:00	Arrived at the office
1/1/1900	21:00	Left the office
1/1/1900	22:00	Arrived at the station
1/1/1900	23:00	Left the station
1/1/1900	24:00	Arrived at the office
1/1/1900	25:00	Left the office
1/1/1900	26:00	Arrived at the station
1/1/1900	27:00	Left the station

4. Home Nursing Service (N.H.S. (S) A. 1947, Sect. 25)

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who required nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie & District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

This arrangement was initiated on July, 5th 1948. The Association discontinued its work in the County Area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1967 and the staff now numbers six nurses, an increase of one having been authorised last year.

The total visits paid are shown below. A record is now being kept of the type of visits and a table is given showing the manner in which the nursing service is actually employed.

HOME NURSING SERVICE STATISTICS

	Cases	Visits
Total No. of persons nursed during the year	495	15,338
No. aged under 5 at first visit during 1967	10	88
No. aged 65 or over at first visit during 1967	150	9,522

Classification of Visits

General Nursing Care	5,931	(4,849)
Injectons Only	5,894	(3,108)
Dressings	2,123	(993)
"Doctors orders"	1,390	(572)
(i.e. various special procedures).			
		<u>15,338</u>	<u>9,522</u>

(The figures in brackets show the numbers of the various types of visits which were paid to patients who were over 65).

THE [illegible]

[illegible text]

[illegible text]

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[illegible text]

[illegible text]

[illegible text]

THE [illegible]

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

[illegible]

[illegible text]

[illegible text]

5. Domestic Help Service (N.H.S. (S) A. 1947, Sect. 28)

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was demand for such facilities and that they could play a most useful part in alleviating hardship and distress, and indeed real domestic emergency which could not easily be assisted in any other way.

In our original scheme we undertook to start the service in February, 1949 with four domestic helps but this number quickly proved to be inadequate. Further expansion took place during 1950 from 18 to a total of 29, and then in later years to about 65.

The demand appeared to have stabilised at about that figure but last year it went up to 175 and has now reached 192.

The cost to the authority is very considerable as many householders can contribute only a small weekly sum. The cost of the service continues to be a matter of concern to the Authority. No. full time home helps are now supplied unless in exceptional circumstances.

The Service, while nominally under the control of the Medical Officer of Health is administered from day-to-day by the Social Welfare Officer who has the assistance of a Home Help Organiser in the choice of the actual persons employed and supervision of their work.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

DOMESTIC HELPS - STATISTICS

i)	No. of Domestic Helps employed at end of year	
	(a) Whole-time	-
	(b) Part time	192
	(c) Retaining Fee Basis	Nil.
ii)	No. of cases for which Home Helps were provided during year	256
iii)	No. of cases in (ii) dealt with on account of confinement	
	(a) At Home	1
	(b) In Hospital	2
iv)	No. of cases in (ii) provided on account of chronic sickness including age and infirmity (aged 194 tuberculosis 1 other 61)	256

Vaccination and Immunisation (N.H.S. (S) Act, 1947, Sect. 26)

Smallpox Vaccination

In accordance with recent recommendations we no longer vaccinate very young infants and the procedure is now fitted into the general immunisation schedule when a child is one year old. This change has resulted in a slight reduction of the number of primary vaccinations recorded for this year.

There is still a considerable demand for re-vaccination of older persons due to the increase in holiday travel abroad to countries where an International Certificate of Vaccination is required but the number was less than last year's figure of 521 which was exceptionally high.

Vaccination Statistics

Primary Vaccinations

(1) Successful "take"	341
(2) "No take"	15
(3) Not examined	11
Total	367

Re-Vaccinations

(1) Successful "take"	157
(2) "No take "	1
(3) Not examined	10
Total	168

INFANT VACCINATION

Consolidated table for last five years to show percentage of infants who have been vaccinated.

Year of Birth	Successfully Vaccinated. in					Total vaccinated in last five years	Approximate number in age group	Percentage vaccinated
	1963	1964	1965	1966	1967			
1967	-	-	-	-	2	2	845	0.24%
1966	-	-	-	5	160	165	807	20.4%
1965	-	-	2	174	82	258	818	31.5%
1964	-	5	197	106	19	327	839	39.0%
1963	11	177	66	31	12	297	797	37.3%
Totals						1,049	4,106	25.5%

Calculated on ages 1-5 only the overall percentage is 32.1%

IMMUNISATION AGAINST TUBERCULOSIS

B.C.G. Vaccination

Reference to what is being done in this regard will be found in the section of the Report dealing with Tuberculosis.

DIPHTHERIA IMMUNISATION

The public attitude to diphtheria immunisation is fortunately much more enlightened than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year except in the summer holidays, and every endeavour made to ensure that mothers brought their children for treatment. In response to popular demand combined antigens affording protection against whooping cough and tetanus as well as against diphtheria, are now used almost exclusively.

Where a child had not been immunised by its first birthday, a postal reminder was sent and special attention given to the case by the Health Visitor.

The tables overleaf give details of the actual work done during the year.

IMMUNISATION

DIPHTHERIA PERTUSSIS TETANUS

Numbers of children completing full primary course against:-

Year of Birth	Diphth- eria	Tetanus	Pertussis	Diphth- eria Per- tussis	Diphth- eria Tet- anus	Diphth- eria Per- tussis Tetanus
1967	-	-	-	-	-	250
1966	-	-	-	-	-	330
1965	-	-	-	-	-	33
1964	-	-	-	-	-	20
1963	-	-	-	-	5	8
1962	-	1	-	-	72	15
1961	-	-	-	-	117	6
1960 or earlier	-	3	-	-	88	6
Totals	-	4	-	-	282	668

954

Numbers of children receiving maintenance inoculations against:-

Year of Birth	Diphth- eria	Tetanus	Pertussis	Diphth- eria Per- tussis	Diphth- eria Tetanus	Diphth- eria Per- tussis Tetanus
1967	-	-	-	-	-	-
1966	-	2	-	-	2	1
1965	-	-	-	-	-	2
1964	-	-	-	-	2	1
1963	-	-	-	-	-	-
1962	-	1	-	-	415	25
1961	-	-	-	-	170	3
1960 or earlier	338	47	-	-	111	9
Totals	338	50	-	-	700	41



DIPHTHERIA IMMUNISATION ETC.

Health Department and Family Doctor returns shown separately.

	By Health Dept. at Clinic or School		By Family Doctor		Totals
	Initial Course	Mainten- ance	Initial Course	Mainten- ance	
Pre- School Children	458	2	188	6	654
School Children	297	704	7	29	1,037
	755	906	195	35	1,691

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RECEIVED FROM THE UNIVERSITY OF CHICAGO LIBRARY

No.	Author		Title		Date
	First Name	Last Name	First Name	Last Name	
1	John	Doe	John	Doe	1900
2	Jane	Smith	Jane	Smith	1901
3	Robert	Johnson	Robert	Johnson	1902
4	Mary	Williams	Mary	Williams	1903

1900-1903

1900-1903

DIPHTHERIA IMMUNISATION

Consolidated table for last four years to show percentage of child population recently immunised.

Year of Birth	Immunised or re-immunised in				Total protected within four years	Approximate No. in age Group	Percent- age
	1964	1965	1966	1967			
1967	-	-	-	250	250	845	29.6%
1966	-	-	305	333	638	807	79.1%
1965	-	245	352	35	632	818	77.3%
1964	272	363	35	23	693	839	82.6%
1963	363	23	19	13	418	797	52.4%
1962	72	20	22	527	641	845	75.9%
1961	28	76	352	296	752	828	90.8%
1960- 53	17	523	157	214	911	5,335	17.1%
Aged 0-15 Totals					4,935	11,014	44.8%

WHOOPING-COUGH IMMUNISATION - TETANUS IMMUNISATION

Children are now generally immunised against diphtheria whooping-cough and tetanus simultaneously by the use of "Triple Antigen". Supplies of this prophylactic material are also made available free of charge to local doctors.

During the year 668 children had this threefold protection.

POLIOMYELITIS VACCINATION

D.H.S. Circular No. 5/1962 issued on 31/1/62 authorised the use of oral poliomyelitis vaccine and we commenced using it in May of that year. Since then it has been used exclusively. This change over from the former procedure of Salk Vaccine by injection has been a great saving in time and trouble and the oral method is of course much more acceptable to the children brought for treatment.

The table below gives details of the numbers of persons receiving oral vaccine during 1967.

Oral Vaccine (1967)

	1st Treat- ment	2nd Treat- ment	3rd Treat- ment	Main- tenance Dose	Totals
Pre-School Children	786	676	649	1,677	3,788
School Children & Older Persons	14	9	8	209	240
Expectant Mothers	-	-	-	-	-
Totals	800	685	657	1,886	4,028

7. Prevention of Illness, Care and After Care (N.H.S. (S) A. 1947 Sect. 27).

(a) Tuberculosis.

The tables which follow show that tuberculosis still cannot be disregarded. The Mass Radiography Campaign held during 1958 made an important contribution towards its reduction but since then the figures for recent years have remained rather static.

In 1967 the number of confirmed notifications of tuberculosis of all forms was 21, nineteen of whom had pulmonary disease. There were only two cases notified of non-respiratory tuberculosis.

This compares with last year's figures of 15 pulmonary cases and one case of non-pulmonary infection.

The death rate from pulmonary tuberculosis was 0.03 per 1,000 of the population representing 1 death. There were no deaths from non-pulmonary disease.

In 1966 the rates were 0.03 and 0.00 respectively.

The one death was due to long-standing chronic disease in a male aged 61.

The following tables set forth the position from 1938 onwards and is of interest in showing the trends of the disease over the period.

PULMONARY DISEASE - AIRDRIE BURGH

Year	Average 1938-47	Average 1948-57	Average 1958-62	1963	1964	1965	1966	1967
Notificat- ions	25.7	34.7	22	16	18	30	15	19
Deaths	12.8	9.3	3	2	1	4	1	1
Death Rate	0.46	0.30	0.09	0.06	0.03	0.11	0.03	0.03

NON-PULMONARY DISEASE - AIRDRIE BURGH

Year	Average 1938-47	Average 1948-57	Average 1958-62	1963	1964	1965	1966	1967
Notificat- ions	12.0	7.5	4	2	5	0	1	2
Deaths	4.6	1.8	.2	0	0	0	0	0
Death Rate	0.19	0.06	0.006	0.00	0.00	0.00	0.00	0.00

THE STATE OF NEW YORK, COUNTY OF ALBANY, ss.

I, the undersigned, Clerk of the County of Albany, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Albany.

Witness my hand and the seal of the County of Albany, this 1st day of January, 1901.

Attest:

CLERK OF THE COUNTY OF ALBANY.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the County of Albany, this 1st day of January, 1901.

ALBANY, N. Y., 1st day of January, 1901.

CLERK OF THE COUNTY OF ALBANY.

ALBANY, N. Y., 1st day of January, 1901.

CLERK OF THE COUNTY OF ALBANY.

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40

CLERK OF THE COUNTY OF ALBANY.

41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80

As explained previously in paragraph A (page 11) the respective functions of the local authorities of the hospital authority with regard to tuberculosis are very closely co-ordinated.

Originally the Tuberculosis Physician had his office in the Health Department and all records were held in common. Unfortunately some ~~disturbance~~ of this arrangement took place in 1957. The opening of the new Out-patient Department at Alexander Hospital with its section for tuberculosis resulted in the Tuberculosis Physician transferring his headquarters there. Nevertheless, he continues to keep closely in touch with our side of the work and we still maintain in the Health Department the main records relating to notified cases. Despite the transfer to Coatbridge the two Infectious Diseases Nurses employed by the health authority staff attend the diagnostic and treatment clinics and continue the visitation of cases and contacts.

Great stress is laid on case finding.

The diagnostic facilities of the weekly chest clinic are made most freely available to all the doctors in the area. Every effort is made to have all contacts examined and kept under supervision and a separate "contact clinic" is held in separate premises and at a different time from a regular tuberculosis clinic.

The next table shows the manner in which the notified cases of respiratory tuberculosis were discovered and brought under supervision.

The "symptom-group" comprises those patients who attended or were referred for examination because they were already complaining of some symptom. The other categories comprise those cases who would not immediately have been discovered but for the active measures taken to find them.

Methods by which new patients were discovered to be suffering from respiratory tuberculosis

Symptom-group examination	12.
Contact group examination	3.
Mass Miniature Radiography (General public etc.)	4.
Routine examination	School staffs -
of	National Service Recruits -
Special Groups	Emigrants -
Total	19.

A monthly B.C.G. Clinic is now being held and tuberculin negative contacts are treated there by the Tuberculosis Physician. Children requiring segregation can be accommodated in Arranview Children's Home by arrangements with the Welfare Committee.

The only extra nourishment given to tuberculosis patients is milk. Vouchers are given to patients recommended by the Tuberculosis Physician and milk/

milk is obtained from the customary milkman who renders to the Health Department his account accompanied by the voucher.

During the year 9 (6 in 1966) patients received free milk at a total cost of about £76. The cost in 1966 was £60. and in 1953 about £600.

There has been no difficulty in securing hospital accommodation for cases of tuberculosis. No case in need of active treatment has had to wait for a bed.

There were no patients on the waiting list at the end of the year.

AFTER-CARE

Proper housing is regarded as being of great importance in dealing with tuberculosis. Not only does it facilitate the care of the actual patient and contribute to his recovery but it helps also to reduce the amount of risk to other members of the household.

This has been fully recognised by the Town Council and arrangements are such that generally speaking, no case is sent home to unsuitable housing conditions. The Council's housing Pointage Scheme is heavily weighted in favour of the tuberculosis patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is usually possible to make some satisfactory arrangement for such cases.

It is considered that the domiciliary work of the Tuberculosis Nurses is particularly valuable in after-care of the tuberculosis patient and his family.

Her regular visits help to keep up the morale of the patient and she is able to play a valuable part in educating the household in the measures necessary to avoid further infection. Her influence is important too, in prevailing upon contacts to attend for examination and supervision and for B.C.G. vaccination should that be indicated.

She reports too, on the patients needs and recommends them for any necessary assistance in the way of bedding.

The Council has arrangements for meeting such needs but during the year no applications were received.

Patients are also helped to obtain any additional Ministry of Social Security grants to which they may be entitled.

B.C.G. VACCINATION

Group	Tuberculin tested		Negative reactors		Vaccinated during 1967	
	M.	F.	M.	F.	M.	F.
(1) Nurses	-	-	-	-	-	-
(2) Medical Students	-	-	-	-	-	-
(3) Contacts	117	103	52	37	59	59
(4) Special Groups						
(a) School Leavers	292	279	261	249	261	249
(b) New-born Babies	-	-	-	-	-	-
(c) Others	-	-	-	-	-	-

We have not yet adopted a formal scheme for the B.C.G. Vaccination of all new born infants. Some were dealt with as contacts.

During 1954 we extended our provisions for B.C.G. Vaccination to include the systematic vaccination of children of school-leaving age and this scheme duly received the approval of the Secretary of State.

Up till 1960 the children eligible each year were those who had reached their fourteenth birthday during the school year. The work was started on this basis during 1955 and subsequent years, but in 1961 for administrative convenience the "school year" was altered to the "calendar year". We have not so far lowered the age limit for vaccination to 10 as has been suggested.

With the ready co-operation of the Headmasters, lists were prepared of all the children in the appropriate age groups and a letter explaining the proposed procedure was then sent to all their parents.

A form of consent was also enclosed for signature and return.

Of the four schools involved the relevant figures for 1967 were as follows:-

Total number of children	619
Total consents	575 (+1 already treated elsewhere = 576).
Percentage consenting	93%

The actual work of testing and vaccination was commenced when the schools resumed in the beginning of 1967 and the results are included in the table above. The overall percentage of negative reactors (i.e. those requiring to be vaccinated) was 89.3%.

The following table shows the percentages of negative reactors amongst the children tested for each year since the work commenced in 1955:-

Year	Percentage of negative reactors
1955	60.5%
1956	71.7%
1957	68.7%
1958	79.0%
1959	77.0%
1960	81.3%
1961	86.3%
1962	87.7%
1963	88.0%
1964	89.4%
1965	86.6%
1966	88.2%
1967	89.3%

It is considered that this reflects the continued progress of our anti-tuberculosis measures generally, inasmuch as a growing percentage of children are reaching school leaving age without having contracted a primary infection.

Since the B.C.G. Vaccination Scheme was started children of school leaving age have been dealt with in the Burgh as completely as possible but relatively little has been done in the schools of the landward county.

This circumstance provides a basis of comparison on which to judge the value of the procedure.

The following table shows that the incidence of pulmonary tuberculosis did not vary greatly during 1962-66 between the burgh and county populations who had left school before the scheme started but that there was a significant difference between the two areas when one considered new cases arising in persons aged 15-24 who had left school during the years during which vaccination was offered in the burghs.

The difference was especially marked in females.

Confirmed New Cases of Pulmonary Tuberculosis
1962-66

Pre-B.C.G. Period

Persons aged 25-34 years

	Males		Females	
	Cases	Rate per 1,000 males in age- group	Cases	Rate per 1,000 females in age- group
Landward County	74	3.3	76	3.2
Burghs	55	3.6	48	3.0

B.C.G. Period

Persons aged 15-24

	Males		Females	
	Cases	Rate per 1,000 males in age- group	Cases	Rate per 1,000 females in age- group
Landward County	91	3.9	139	5.7
Burghs	48	3.0	60	3.6

TUBERCULOSIS - STATISTICAL RETURNS, 1967

Part I - RESPIRATORY TUBERCULOSIS

1. Number of cases formally notified for the first time or regarded as notified from 1st January, 1967 to 31st December, 1967

	AGE GROUPS									
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total
Males	-	-	3	2	2	1	-	-	-	8
Females	-	1	2	4	1	2	-	1	-	11
Total	-	1	5	6	3	3	-	1	-	19

II Number of cases confirmed to be suffering from active respiratory tuberculosis during the year

	AGE GROUPS									
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total
Males	-	-	3	2	2	4	-	-	-	8
Females	-	1	2	4	1	2	-	1	-	11
Total	-	1	5	6	3	3	-	1	-	19

III Number of new cases in Table II admitted to Hospital for tuberculosis treatment for the first time during the year

	AGE GROUPS			
	Under 15	15 & under 45	45 & over	Total
Males:	2	4	-	6
Females	2	4	1	7
Total	4	8	1	13

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS)

IV. Number of patients admitted to, discharged from, or dying in Tuberculosis Hospitals, Sanatoria or wards in other Hospital reserved for the treatment of the tuberculous

	In Hospital on January 1st	Admitted during the year	Discharged during the year	Died in Hospital	In Hospital on December 31st
<u>Under 15 yrs</u>					
Males	-	2	2	-	-
Females	-	2	2	-	-
<u>15-44 yrs.</u>					
Males	2	4	6	-	-
Females	-	3	3	-	-
<u>45 yrs. and over</u>					
Males	1	2	2	1	-
Females	1	5	4	-	2
Total	4	18	19	1	2

V. Number of patients dying from respiratory tuberculosis in Hospital accommodation other than that reserved for tuberculosis patients

Nil.

WAITING LIST

VI. Number on Waiting List for Admission to Hospital at 31st December (Respiratory Tuberculosis)
(Relating only to patients waiting more than two weeks)

Under 15	Males	-
	Females	-
Adults	Males	-
	Females	-
Total		Nil

Part II - NON-RESPIRATORY TUBERCULOSIS

VII. Number of cases formally notified for the first time or regarded as notified as suffering from non-respiratory tuberculosis during the year 1967

	AGE GROUPS									
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total
Males	-	-	-	-	-	-	-	-	-	-
Females	-	-	-	1	-	1	-	-	-	2
Total	-	-	-	1	-	1	-	-	-	2

VIII. Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transfers in)

Form	Sex	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
1. Abdominal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
2. Meningeal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
3. Miliary	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
4. Bones & Joints	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
5. Superficial Glands	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
6. Genito-urinary Organs	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	1	-	-	-	1
7. Other Organs	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	1	-	-	-	-	-	1
Total		-	-	-	1	-	1	-	-	-	2

Part III - ANALYSIS OF TUBERCULOSIS DEATHS

IX. Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification or intimation and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis of whom -				
Not notified or notified only at or after death	-	-	-	-
Notified less than 1 month before death	-	-	-	-
Notified from 1 to 3 months before death	-	-	-	-
Notified from 3 to 6 months before death	-	-	-	-
Notified from 6 to 12 months before death	-	-	-	-
Notified from 1 to 2 years before death	1	-	-	-
Notified over 2 years before death	-	-	-	-
Total	1	-	-	-

Part IV - THE TUBERCULOSIS REGISTER

X. Return of number of persons resident in the area at 31st December, 1967 who were known to be suffering from tuberculosis

(Only cases in which a diagnosis of tuberculosis has been confirmed should be included. Persons in sanatoria, etc., should be included in the figures for the area in which they have their home residence.)

Form	Sex	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
1. Respiratory	M	-	1	7	5	17	12	12	19	9	82
	F	-	12	9	15	11	13	7	-	-	67
2. Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-
	F	-	1	1	-	3	1	1	1	-	8

7. Prevention of Illness, Care and After-care (Cont'd.)

(b) Other Illnesses generally including epileptics and spastics

No organised arrangements have so far been made for the care and after-care of illness other than tuberculosis. The Council has, however, been supporting the work and interests of the Scottish Epilepsy Association and the Muscular Dystrophy Group.

(c) Convalescent Home Provision

The local authority does not maintain any convalescent homes.

(d) Care of Old People

(i) Homes or Hostels

During 1949 the Town Council acting as trustees of a bequest known as the Strain Trust and in terms of the bequest took steps to set up a Home for Old Men.

They acquired a mansion house known as "Rosemount", Forrest Street.

This was remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple were engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by the late Mrs Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequests for its inception.

(ii) Hostel or similar accommodation

The Local Authority also possesses one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

These persons are, of course, all independent tenants living entirely on their own and conducting their own affairs.

Nevertheless, they occasionally present something of a problem when they fall ill especially if they do so suddenly.

As a result of past experiences the Burgh Factor became worried about the matter and in 1951 asked for the help of the Health Department.

It was arranged for one of the more active tenants to keep a register of everyone showing details such as next-of-kin and family doctor and to make a point of assuring himself unobtrusively each day that nobody is ill or in need of help.

He thus knows exactly whom to inform if anyone needs assistance.

In addition one of the Health Visitors makes contact almost daily so that her advice may be available to the unofficial "warden" and periodically she pays a fuller visit and sees all the old people.

Recent housing schemes have made provision for many 2 apartment houses for allocation to old persons or married couples over 65 years.

In the whole Burgh there are now 586 municipally owned 2 apartment houses and/

and a further 135 will be available on completion of current development.
(May, 1968).

(iii) Housing on Medical Grounds

Special consideration is given to persons who submit that they require priority for housing because of their medical condition.

During the year 37 such cases were specially examined by the Medical Officer of Health and full reports submitted for the information of the Housing and Town Planning Committee. This was about the same number as last year. The investigation of these cases is very time-consuming and the advice to be given to the Committee often occasions much anxious consideration but the numbers have declined steeply from a quite recent average of 60 per annum so that it would seem that the more pressing needs are being adequately met.

The Scheme for Exchange of House on Medical Grounds was revised in 1963 in an attempt to ensure that cases were dealt with according to priority of need and the new arrangements appear to be reasonably satisfactory.

(iv) Home Helps

In terms of the Authority's Home Help Scheme any old person is eligible for such assistance as may be required.

(v) Old Peoples Clubs and similar organisations

The Town Council provides a club-room in the Central Public Park for the Veterans Association and has also recently extended the provision of old men's shelters in suitable areas of open ground so that there is now one in each municipal ward - at Burnie Brae, Deedes Street, Thrushbush Road, Livingstone Place and Wheatholm Park. The Council also provides premises in Forrest Street for an Old Age Pensioners' Club.

A similar club meets in premises in Callon Street, and this venture is maintained by the pensioners themselves.

The Clarkston Miners and Community Welfare recently built a club-room for old people with the assistance of a grant from the King George VI Jubilee Trust. This organisation also provides treats for old people at Christmas and New Year and bus runs during the summer. Some 3-400 persons benefit from these arrangements.

Other social clubs in the town make somewhat similar provisions although on a smaller scale, notably in Dunrobin and at Rawyards.

Finally the high light of the year is the Town Council's annual Old Folk's Treat which provides a day sail on the Clyde for over 600 persons. In 1967 they were taken to Largs and the Kyles of Bute.

(vi) Charitable Bequests and Endowments

There are a number of charitable bequests directed towards the welfare of old people. These are the Airdrie Female Benevolent Society and Jane Nicol Bequest which distribute small sums of money and give general welfare attention by means of voluntary workers.

The Scottish Branch of the British Red Cross Society is also active.

The Town Clerk administers a number of endowments, the income of which is spent upon the provision of coal both to old people and to necessitous cases during the winter months.

(vii) Airdrie/

(vii) Airdrie Old People's Welfare Committee

Airdrie Old People's Welfare Committee was established in 1951 and is representative of all voluntary organisations in the Town. In former years an old people's club held meetings in the Community Centre every Friday except during the holiday season.

In October, 1958, the meeting place of the Club was transferred from the Community Centre to the West Parish Church Hall. In 1955 a similar venture was started in the Craigneuk area, the meeting place being Craigneuk Church Hall.

The general objects of the Committee are to provide such services as are not available under the ordinary schemes of Social Welfare and another development during 1956 was the inauguration of a "Meals on Wheels" Service.

This started during the early months of 1955 and in 1956 had developed to a point where 30 old people were being supplied with a full-three course meal twice per week. The demand fluctuates a good deal but is generally between 18 and 30.

The meals are prepared at the School Cooking Centre in Hallcraig Street, and placed in insulated containers. These are taken out by van and members of the W.V.S. on rota basis go with the van and serve the meals to the old people in their own homes.

A charge is made of 1/-d. per meal. Owing to the dependence of the School Meals Centre the service does not operate during the school holidays.

There are arrangements for visiting the elderly at home and a scheme is at present being developed for alarm lights so that old people living alone can summon help if they are taken suddenly ill.

Forty electric storage heaters have been installed in the homes of certain old people.

The finances of the Committee are derived from donations and from regular voluntary subscriptions derived from a "Penny-a-Week" fund.

(viii) Chiropody Service

The Chiropody Service was originally pioneered by the Old People's Welfare Committee with the help of the local branch of the British Red Cross Society. It was subsequently taken over by the Welfare Department on the basis that pensioners in need of treatment were referred to private practising chiropodists and the costs met by the Town Council.

The service expanded to an extent justifying the appointment of a full-time chiropodist and this was done towards the end of 1966. Surgery facilities were provided at Wellwynd Clinic and the Health Department assumed responsibility for the general administration of the Service.

Since then the demand for chiropody facilities continued to grow and by the middle of 1967 it had become obvious that additional facilities were required. Two factors contributed to this increased demand - the greater convenience and availability of a whole-time service centred in the Council's clinic premises and the more systematic arrangements for the recall of persons in need of continuing treatment.

Some comment had been made that there were excessive delays in obtaining an appointment for treatment and in view of this the Council agreed to expand the Service by providing three additional half-day sessions at Craigneuk Clinic. These were staffed by private chiropodists employed on a sessional basis and in addition to meeting the immediate need, the facilities in the eastern part of the town have been of advantage to pensioners living in that area who formerly required to/

to travel into the centre.

Mr. William Beattie the whole-time Chiropodist has provided the following figures relating to his speciality for the year 1967.

Registration of Patients

		Males	Females	Total
Routine treatment -	Wellwynd	122	282	404
	Craigneuk	26	99	125
	Domiciliary	27	93	120
		175	474	649
"Await Request" Cases	Wellwynd	15	39	54
	Craigneuk	11	21	26
Deceased or transferred		14	20	34
Total registered during year		209	554	763

Percentage of registered patients

		Males	Females	Total
Routine treatment -	Wellwynd	16.0%	36.9%	52.9%
	Craigneuk	3.4%	13.0%	16.4%
	Domiciliary	3.5%	12.2%	15.7%
		22.9%	62.1%	85.0%
"Await Request" cases	Wellwynd	2.0%	5.1%	7.1%
	Craigneuk	0.7%	2.8%	3.5%
Deceased or transferred		1.8%	2.6%	4.4%
Total of registrations during year		27.4%	72.6%	100.0%

Treatments Given

	Males	Females	Total
At Wellwynd	582	1,547	2,129
At Craigneuk	53	223	276
Domiciliary	166	429	595
	801	2,199	3,000

Unkept appointments - 225 = 7%

Percentages relating to treatments given (by sex)

	Males	Females	Total
At/			

	Males	Females	Total
At Wellwynd	27.3%	72.7%	100.0%
At Craigneuk	19.2%	80.8%	100.0%
Domiciliary	27.9%	72.1%	100.0%
All Cases	26.7%	73.3%	100.0%

Where treated

Wellwynd	19.4%	51.6%	71.0%
Craigneuk	1.8%	7.4%	9.2%
	<hr/>	<hr/>	<hr/>
Total Clinics	21.2%	59.0%	80.2%
Domiciliary	5.5%	14.3%	19.8%
	<hr/>	<hr/>	<hr/>
	26.7%	73.3%	100.0%

(ix) Health and Welfare Services Circular No. 7/1964 - Laundry Services for Elderly and Infirm

A laundry service for elderly invalids was started in June, 1966, and continued to operate during 1967.

The persons eligible to use this are pensioners in bed at home under the care of the Home Nursing Service.

Basic items of bed-linen and night attire are issued on loan as required and freshly laundered replacements are subsequently supplied as often as necessary in exchange for soiled articles returned for washing. The scheme is operated from the laundry of the Public Baths.

During the year 37 cases were helped - 17 to completion leaving 20 current to be carried forward to 1968.

The weekly average of cases was 20 and about 80 articles were laundered each week. The cost was estimated at about 6/-d. per case per week.

(x) Liaison with Geriatric Hospital Services

Coathill Hospital, Coatbridge, is being developed as the main geriatric hospital for the area and some accommodation is also available for long-term geriatric female patients in Wester Moffat Hospital.

Formal liaison arrangements still await development but there is quite satisfactory co-operation at officer level.

e) Prevention of Home Accidents

A booklet dealing with the prevention of home accidents was prepared in 1958 and its distribution continues.

There is not at present any Home Safety Committee in the area nor any formal liaison with the Royal Society for the Prevention of Accidents. The latter body, however, is very helpful in providing posters and leaflets.

There were 6 home accidents with fatal results, 2 males and 4 females.

Asphyxia	3.
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Falls	3.
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This was four more than the number of fatal cases last year.

The subject of home accidents is discussed further on pages 70 and 71.

8a. Control of Infectious Diseases

The notifications numbering 106 were slightly above the average of recent years, and pneumonia and tuberculosis accounted for 74 of these, the incidence of other infectious diseases being insignificant.

The year therefore was uneventful. The number of cases of scarlet fever notified was only 21 but the disease is now generally so mild that it appears certain that more cases go unrecognised or at least unnotified.

Anthrax

From October, 1st 1960, Anthrax was added to the list of notifiable diseases. There was formerly an obligation to inform the Chief Inspector of Factories of cases occurring among factory workers but medical practitioners are now required in addition to inform the local Medical Officer of Health of any case coming to their notice.

The risk affects chiefly workers in trades dealing with wool, hides, brushes and bone meal. There are no such industries in Airdrie but there are at least in Glasgow and others elsewhere in the West of Scotland.

No cases have so far been reported locally.

8b. Annual Notifications

The tables given overleaf shows the actual number of confirmed cases of various diseases which were notified during 1967 with the figures for the five previous years shown in parallel columns for comparison.

ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES

1967 COMPARED WITH FIVE PREVIOUS YEARS

	1962	1963	1964	1965	1966	1967
Anthrax	-	-	-	-	-	-
Cerebro-spinal Fever	-	-	-	-	1	1
Chick ^{en} pox) not locally) notifiable	-	-	-	-	-	-
Cholera	-	-	-	-	-	-
Continued Fever	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-
Dysentery	4	2	2	5	1	1
Encephalitis Lethargica	-	-	-	-	-	-
Erysipelas	1	1	-	-	1	1
Food Poisoning	-	-	-	30	-	-
Jaundice, Acute Infective	-	-	-	-	-	-
Leprosy	-	-	-	-	-	-
Malaria	-	-	-	-	-	1
Measles	-	-	-	-	-	-
Ophthalmia Neonatorum	-	1	-	-	1	-
Pneumonia, Acute Influenzal	14	8	1	1	5	9
Pneumonia, Acute Primary	16	18	6	6	6	2
Pneumonia, (Other)	2	2	18	48	32	42
Polio ^{my} elitis (Acute Paralytic)	1	-	-	-	-	-
Polio ^{my} elitis (Acute Non Paralytic)	-	-	-	-	-	-
Puerperal Pyrexia	1	1	1	-	-	-
Puerperal Fever	-	-	-	-	-	-
Scarlet Fever	15	43	42	8	9	21
Smallpox	-	-	-	-	-	-
Tuberculosis Pulmonary	16	16	18	30	15	19
Tuberculosis Non Pulmonary	1	2	5	-	1	2
Typhoid Fever	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-
Paratyphoid B	-	-	-	8	-	-
Whooping Cough	2	8	5	7	2	7
Typhus	-	-	-	-	-	-
	56	100	98	143	74	106

3c. VENEREAL DISEASE

Dr. G. Masterton, the Consultant Venereologist who has succeeded Dr. Leslie Hamilton has kindly supplied the following details of the work of his Department during 1967 so far as Airdrie patients are concerned:-

		<u>New Cases</u>	
Syphilis	Males	-	
	Females	-	
Gonorrhoea	Males	4	
	Females	1	
Non-specific Urethritis	Males	-	
	Females	-	
Other Venereal conditions	Males	1	
	Females	-	
Non-Venereal conditions	Males	-	
	Females	-	
		<hr/>	
Total	Males	5	
	Females	1	- 6

		<u>Attendances</u>		
Males	33.	Females	7.	Total 40.

There is no clinic in Airdrie and patients travel either to Coathill Hospital, Coatbridge, or to Oak Lodge, Hamilton.

In recent years, judged by the clinic returns, the incidence of venereal disease has been low and there has been a general downward trend.

This is borne out by the composite returns from all Venereal Disease Clinics in the area of the Western Regional Hospital Board.

The following table shows a comparison between 1948 and 1965:-

New Cases	1948			1965		
	Male	Female	Total	Male	Female	Total
Syphilis (all forms)	894	605	1,499	71	54	125
Gonorrhoea (acute)	2,657	354	3,011	1,275	332	1,607
Gonorrhoea (Chronic)	65	47	112	-	-	-

Oak Lodge Clinic

Year	Primary Attendances	Subsequent Attendances	Total Attendances
1956	17	159	176
1957	7	106	113
1958	14	114	128
1959	10	92	102
1960	11	83	94
1961	19	213	232
1962	13	132	145
1963	13	64	77
1964	11	72	83
1965	22	81	103
1966	14	42	56
1967	6	34	40

No special measures of preventive propoganda have been carried out in recent years.

Much of our routine work is, however, directed towards the discovery of the unsuspected case so that future ill effects can be obviated or minimised by early treatment. Hence the importance of routine blood tests in pregnancy and the routine prophylaxis of ophthalmia neonatorum.

9. Mental Health Service N.H.S. (S) A. 1947, Mental Health (S) A. 1960

A detailed analysis of the size and nature of the local needs for the care of the mentally disordered was given in the report for 1962 and there is not a great deal which need be added to what was said at that time.

There is a Mental Health Officer on the Staff of the Welfare Department with the primary duty of compiling the register of affected persons and of supervising their well-being. She has proved to be a very suitable person and her enthusiasm and hard work has enabled us to make real progress. She has also added to her theoretical knowledge by taking the Short Course for Mental Health Officers organised by the City of Edinburgh.

The Senior Occupation Centre for mental defectives continued to do good during the year but the premises in which it operates are inadequate and unsatisfactory and the provision of something more suitable is a pressing need.

The Town Council is concerned that this should be done as soon as possible and at the end of 1962 a delegation consisting of representatives from the Health and Welfare Committees accompanied by the Burgh Architect, the Welfare Officer and the Medical Officer of Health visited several Occupation Centres in Lancashire in order to see the lines on which purpose built centres were now being designed. This proved to be a most useful and rewarding experience which has helped us in the preparation of our own plans. The building is now under construction and should be ready for occupation in 1968.

Mentally Ill Persons

The Physician-Superintendent of Hartwood Hospital has supplied the following details about the admission of Airdrie Patients.

Informal Patients

	<u>Males</u>	<u>Females</u>	<u>Total</u>
resident at 31/12/66	23	47	70
direct admissions during year	34	40	74
transfers from detained roll during year	3	4	7
	60	91	151
discharged during year	29	43	72
transferred to detained roll	2	2	4
deceased during year	5	4	9
remaining resident at 31/12/67	24	42	66

Detained Patients

	<u>Males</u>	<u>Females</u>	<u>Total</u>
resident at 31/12/66	14	5	19
direct admission during year	9	4	13
from Informal Roll	4	2	6
	27	11	38
discharged/			

discharged during year	4	2	6
died during year	-	-	-
transferred to Informal Roll	4	6	10
remaining resident at 31/12/67	19	3	22

In addition to the institutional cases of mental illness 12 persons received regular home visits without being under formal guardianship (Visits 70)

Mental Defectives

In Institutions at 31/12/67	25		
under guardianship	9.	Visits	45.
receiving informal supervision by Local Authority	103	Visits	250.
	137		

Voluntary Association for Mental Welfare

During 1952 the local branch of the Scottish Association for Mental Health was revived and some tentative discussions were held with a view to ultimately establishing an Occupation Centre and developing a system of home visitation. Little progress was made, however, principally because it proved impossible to find suitable premises. With the illness and subsequent death of the local chairman the activities of the Association languished.

There had, however, in 1955 been a re-awakening of interest in the problem of the handicapped child and the work had received a fresh impetus from the Scottish Association of Parents of Handicapped Children.

In January the Secretary wrote to the Local Authority saying that the Association proposed to start a small class for such children on two afternoons per week. A member of the Association who was herself the mother of a handicapped child offered to provide accommodation for the class in her house and another lady who had for many years been employed by Lanarkshire Education Authority agreed to give her services voluntarily as a teacher.

The main difficulty in starting the class was the expenses of transporting children to the meeting place and the Town Council therefore, agreed to make a quarterly subscription to the funds of the Association sufficient to defray the taxi charges incurred in collecting the children and conveying them to and from the class.

The Association later transferred its work to Airdrie Community Centre and subsequently to premises made available in the Old Manse of Flowerhill Church, thanks to a generous gesture on the part of the Managers of that Church.

A large room there was decorated, furnished and equipped by the Association mainly from funds which had resulted from a very successful local bazaar. Although this accommodation was much appreciated it was rather cramped and had other disadvantages. The Town Council, therefore, decided to offer the use of the Basement Room in the Sir John Wilson Town Hall free of charge to the Association and the class was transferred there towards the end of 1959.

The/

The Association is now providing facilities for older handicapped persons and adolescents, and is serving a most useful purpose. The younger children have been absorbed by the Education Authority Centre at Langloan. The total roll is now approximately 25 aged 16-30 years.

The Association continues to expand its activities and now runs a small Nursery Centre in the West Parish Church Hall. This caters for about 8 mentally handicapped children under 5.

In August, 1963, the Town Council took over full financial responsibility for the work of the Occupation Centre and plans are advanced for its transfer to a purpose built centre as soon as possible. (See also para. 9).

0. NURSERIES & CHILD MINDERS REGULATIONS ACT, 1948

There are now two registered Play Centres providing 40 places.

1. Noise Abatement Act, 1960

No special action has been necessary under the provisions of this Act.

Section 2 of the Act allows the use of a loud speaker fixed to a vehicle which is being used for the conveyance of a perishable commodity for human consumption provided it is operated between the hours of noon and 7 p.m. for the purpose of informing members of the public (otherwise than by means of words) that the commodity is on sale from that vehicle.

This has resulted in most of the vans of ice-cream vendors being equipped with musical chimes.

The effect of a multiplicity of these vans touring the residential streets and repeating interminably the first few bars of popular tunes is extremely annoying despite the fact that it complies with the law.

2. The Clean Air Act, 1960

No special action has so far been taken under this Act. Airdrie stands high, much of the Burgh being more than 450 feet above sea-level, and the degree of air pollution appears to be less than in other parts of industrial Clydeside.

The current design of our municipal housing with its emphasis on the use of electricity should make a substantial contribution to the reduction in the domestic smoke nuisance. The Sewage Works Manager has recently remarked on the increased amount of "screenable" material reaching the Sewage Works and he is of the opinion that this related to the gradual disappearance of the open-fire as means of domestic heating.

3. Early detection of defects in Childhood

The Health Visiting Staff make special efforts to discover early defects and special records are kept of children who present or are suspected to have any significant defect. Mental conditions, congenital defects, eye defects, deafness and orthopaedic disabilities are especially looked for.

Since the beginning of 1961 we have also been testing all infants for phenylketonuria. Although the general incidence of this metabolic abnormality which produced mental defect is very low, we have already found two confirmed cases and this has more than justified the effort which has been made.

4. Community Care

In preparation for our new responsibilities under the Mental Health (Scotland) Act, 1960, (which is of course now fully in force) we appointed, towards the end of 1961 an additional assistant on the staff of the Welfare Officer whose duties have been directed to the ascertainment of handicapped cases particularly in the mental field and to advising any such cases as to the facilities available to help them in their difficulties.

The arrangements for domiciliary nursing and midwifery care and for the provision of home-helps are also well developed.

8. School Health Service

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions have been held in the past with the other Lanarkshire Burghs with a view to securing some integration of the School Health Service and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other large burghs in Scotland, or otherwise. Some measure of agreement with the principle involved was reached amongst the Burghs but there seems little likelihood of convincing the County Council.

9. Port Health Administration

Not applicable.

10. Food Supply

(1) Milk

The year's work in relation to the milk supply is fully discussed in the report of the Sanitary Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream

Details regarding the control of this commodity will also be found in the report of the Sanitary Inspector.

(3) Meat and other Foods

Reference should be made to the Sanitary Inspector's Report.

(4) Clean Food

The importance of clean methods of food handling and preparation has been stressed at suitable opportunities and by the display of posters.

(5) Food Poisoning

No outbreak or incident was reported during the year.

(6) Nutrition

An important part of the Health Visitors duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

The uptake of these products leaves a good deal to be desired.

11. Miscellaneous

(1) National Assistance Act, 1948

(a) Provision of establishments under the act and their medical supervision

The Town Council have set up and now maintain a home for old men.

This/

This is called Strain House and is partially supported by Endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the Local Authority.

Plans for a new and larger home are in preparation at present.

(b) Registration and inspection of disabled or old persons homes (Sect. 37)

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sect. 47)

No action by the local authority was required.

(d) Care of Property (Sect. 48)

One case was dealt with by the local authority.

(e) Burials (Sect. 50)

Five cases were dealt with by the local authority.

(f) Welfare Services (Sect. 29)

No special welfare services at present come within the purview of the Health Department.

A substantial amount of work however, was carried out during the year by the Works Department in order to assist disabled and handicapped persons by providing special facilities in their own homes to prove their comfort, convenience and safety.

Details are as follows:-

Providing access ramps at outside doors	7
Hand-rails at outside doors	11
Hand-rails to internal stairways	2
Hand-rails in bathrooms	5
Elbow taps for spastics	-
Altering doors for wheel chairs	-
Lifting device for bed-ridden patients	-
Platforms at baths	1
Runway for invalid cars	3
Special light signals	-
Electrical storage heaters for elderly persons	5

2) Nursing Homes Registrations (Scotland) Act, 1938

With the extension of the Burgh boundary during 1951 one Nursing Home, previously registered by the County of Lanark, passed to the supervision of this local authority.

This was the only Home registered in the Burgh and it was given up in 1954.

During 1956, however, approval was given to the registration of a nursing home for the accommodation of chronic sick. During the year the necessary adaptations to a former mansion were completed and the Home was opened on June, 4th by His Lordship the Right Reverend J.D. Scanlan, D.C.L., B.L. at that time Bishop of Motherwell.

The Home continues to be conducted by the Irish Sisters of Charity. It is excellently/

excellently equipped and now provides extremely satisfactory accommodation and nursing for approximately 25 chronic sick patients.

3) Health Education

The Scottish Council for Health Education again gave us assistance with publicity material and lectures.

The Health Visitors have also given regular informal talks to mothers attending clinics. In these talks, use is made of film-strips and we are gradually building up a library of suitable strips for use in this education work.

Special Health Education Projects

(a) Smoking and Lung Cancer

In Circular No. 47/1957 the Department of Health drew attention to the special report of the Medical Research Council on tobacco smoking and cancer of the lung. The conclusions of the Medical Research Council were that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past twenty-five years was that a major part of it was caused by smoking tobacco particularly of cigarettes.

The Department invited local health authorities to take appropriate steps to bring this authoritative opinion to public notice.

It was suggested that the Town Council might give a lead to the citizens by imposing a ban on smoking at their own meetings and by forbidding it at places of public entertainment under their own control but these ideas were not agreed to.

We have, however, obtained supplies of posters on the subject and these have been displayed in offices, schools, doctor's waiting rooms and various public places.

It is doubtful if these measures have made much impact on public opinion and there appears to be a real need for a large scale national campaign organised and promoted by the central authority.

In Airdrie during the year there were thirteen deaths registered as being due to malignant conditions of the respiratory tract. All occurred in persons between the ages of 55-75, nine males and four females. In 1966 there were 3 such deaths.

(b) Prevention of Accidents in the Home

In 1957 the Department issued Circular No. 32 dealing with the prevention of accidents in the home. The Town Council agreed certain local measures with regard to propaganda and to instruction by the Health Visitors but in addition it was also decided to explore the possibility of setting up a Joint Committee on the lines of the Lanarkshire Road Safety Joint Committee in order to co-ordinate efforts to reduce Home Accidents. It was felt that existence of such a Committee would facilitate the collection of data about the problems and help in making more extensive efforts to bring its importance more forcibly to the public notice.

Several meetings were held with the object of securing the approval of the various Lanarkshire Authorities and consideration of the idea extended into 1958.

Unfortunately it proved impossible to secure general agreement and in April, of that year the County Clerk wrote to the Council expressing regret that the County Council could take no further action in the matter owing to the refusal of certain other Town Councils in the County area to co-operate.

It/

It was therefore left to the Health Department to continue arrangements for as much publicity as possible to be given by Health Visitors and through Child Welfare Clinics.

This has been done and in addition a Home Safety Handbook has been produced.

The distribution of this was continued during 1967 and copies have also been available to teachers of Domestic Science in the Secondary Schools.

In the autumn of 1958 we also took part in the "Guard that Fire" Campaign. Posters were displayed and postal matter distributed by the Council was over-printed with the emblem and slogan supplied by the Scottish Information Office.

During 1965 an exhibition dealing with Home Safety was staged in the Public Library. This was based on the Mobile Display lent by the Scottish Home and Health Department but we also had very valuable co-operation from Lanarkshire Fire Service. The Fire Service contributed a stand with models and other display material and there was generally a fireman in attendance to explain matters and give additional information. We were most grateful for this assistance and there was a reasonable amount of public interest in the Exhibition.

General Sanitation

No matters of special interest arose during the year under this heading.

Reference to the water supply and sewage disposal arrangements will be found on page, 3, 4 and 5.

SUPERANNUATION

A total of 30 persons were medically examined for the purpose of the Superannuation Scheme.

SCHOOL CROSSING PATROLS

Nine persons were medically examined as to their suitability for employment as a School Crossing Patrol.

MILK AND DAIRIES

FOOD AND DRUGS

HOUSING

FACTORY ACT, 1961

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his report.

The following information regarding factories is, however, included here to comply with the requirement of the Statute.

FACTORIES ACT, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

IN RESPECT OF THE YEAR 1967

Prescribed particulars on the administration of the Factories Act 1961

Part I of the Act

1. Inspections for purposes of provision as to health (including inspections made by Sanitary Inspector).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories on which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	28	11	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	140	20	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises). *	7	3	-	-
Total	175	34	2	-

2. Cases in which defects were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	1	1	-	1	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	1	1	-	1	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)	-	-	-	-	-
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	3	2	-	3	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to out-work).	-	-	-	-	-
Total	5	4	-	5	-

* i.e. Electrical Stations (Section 123(1), Institutions (Section 124) sites of Buildings Operations and works of Engineering Constructions (Section 127), Slaughterhouses (Section 175(1)(d) and (e) and Railway Running Sheds (Section 175(2) and (10)).

O U T W O R K

Part VIII of Act - Sections 133 and 134

N I L

